	FACILITY NAME	MHMR CENTER/SPN	STREET ADDRESS/ZIP	CITY	COUNTY	STP? Y/N)	Freestanding Psychiatric Facility	General Acute Care Facility that Delivers BH services	State Psychiatric Facility	Psychiatric Partial Hospitalization/Day Treatment	Outpatient Chemical Dependency Program	Inpatient Chemical Dependency Program	Outpatient Chemical Dependency Detox Program	Inpatient Chemical Dependency Detox Program	Specialized Female Chemical Dependency program	Intensive Outpatient Chemical Dependency Program	Chemical Dependency Partial Hospitalization Program	Residential Chemical Dependency Program	Pharmacotherapy Program	Dual Diagnosis, including detox, program	Oupatient Mental Health Services	ADULT	ADOL	CHILD	MH	CD	Languages Spoken	Bed Capacity, Caselaod, Slots	Accepting New Enrollees? (Y/N)	
Facility-Based Providers Added																														Date Added
		Put X in applicable columns, unless Y/N, # is specified																												
Facility-Based Providers Deleted																														Date Deleted
		*Put X in applicable columns, unless Y/N, # is specified																												
		*All Deletions require an explanantion for the deletion																												
Facility-Based Providers No Longer Accepting NorthSTAR Enrollees																														Date No
																														Longer Acce

		*Put X in applicable columns, unless Y/N,# is specified																				
		*All Entries require an explanantion regarding the reason for no longer accepting																				

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